



## Working Against Cancer

Please mail this form with your check to:  
**Working Against Cancer**  
246 Claremont Ave  
Long Beach, CA 90803

Date: \_\_\_\_\_ (Please print all information clearly)

Enclosed is my check in the amount of \$\_\_\_\_\_ made payable to Working Against Cancer.

My name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please keep me informed of Working Against Cancer's upcoming events and programs.  Yes  No

Email: \_\_\_\_\_

(A receipt will be sent to the address above.)

### Type of Donation (Please check one):

**General Donation**

**Honor Gift**

Make a donation to commemorate a birthday, wedding, holiday or other special occasion. The special person or event you honor will receive a card from Working Against Cancer notifying him or her of your thoughtfulness and generosity.

**Gift in Honor of:** \_\_\_\_\_

#### Please send acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How would you like the card to be signed? \_\_\_\_\_

(Name or Names)

**Memorial Gift**

Make a donation in memory of someone who has died from cancer or someone who was committed to their community and helping others. Working Against Cancer will send a personalized card acknowledging your gift.

**Gift in Memory of:** \_\_\_\_\_

#### Please send acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How would you like the card to be signed? \_\_\_\_\_

(Name or Names)

**We thank you for your support.**

Your contribution is tax deductible.